

### CITY OF SAN JOSÉ, CALIFORNIA

### **Building Division Handout**

# PROPERTY INVESTIGATION REQUEST (PERMIT SEARCH)

All permit records are available in the City Hall Record Imaging System (CHRIS), which is available for use by the public in the permit center. The quickest and least expensive why to obtain permit records is to come into the Building Division permit center and perform your own permit searches. You may view the documents or make copies yourself at no charge. Searches completed by our staff take approximately 3 working days (multiple dwellings and commercial/industrial buildings may take longer).

A <u>non-refundable</u> fee is assessed at the time of initial request with the remainder of fees collected at delivery of copies. The initial minimum fee is \$25.00 with an additional fee of \$50.00 per hour if the research requested requires more than 30 minutes. There is an additional cost to reproduce documents, which is 25 cents for each page. If you are processing this application from an Internet form, please complete the attached credit card information so that your application can be processed.

Please provide the following. Searches will not be processed without payment.

Our office will contact you when your copies are ready for pick-up (approximated 3 working days after the request) or if there is a problem or delay with processing your request. You may pay the additional fee by phone and we will mail the copies to you (large searches may require a pick-up). Searches must be picked up within 30 days or your copies will be discarded.

#### COMPLETE THE FOLLOWING (please PRINT)

Date of Request	Address of			7:
		Number & Street Nar	ne	Zip Code
Information being requested:	(check all that apply)			
	<ul><li>Plumbing/Mechanical Permit(s)</li><li>Certificate of Occupancy</li></ul>			
If permit is not finaled, would	d vou like any availabl	e	(*************************************	
Inspection notices for that pe	•	Yes N	Vo	
Name of Person		Daytime		
Making Request		Phone # ()		
U 1	lease Print	Area Code	Number	
********	**************FOR	OFFICE USE*****	******	******
Employee Receiving/Review	ing Request:		Date/	
IR No				



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#### **CREDIT CARD PAYMENT FORM**

Form of Payment	Visa	MC	Discover	
Name (as it appears on the card)				_
Address (for the credit card bill)				_
City, State, Zip				_
Daytime Phone	() <u></u>			
Credit Card Account No.		<del>-</del>		
Expiration Date	/			
Amount Paid	\$		Initials	
Declined		Invalid#		